

# **HEALTH SCIENCE TECHNOLOGY EDUCATION**

## **Career Shadowing Experience**

### **Goals of Career Shadowing**

1. Provides for realistic exploration of specific health careers.
2. Assists the student in assessing personal interests, aptitudes, abilities, and comparing those with personal career choices.
3. Allows the student to reevaluate and redirect career choices.
4. Provides students in comprehensive courses with opportunities to experience the world of health care in a controlled learning situation.

### **Knowledge and skills needed prior to a career shadowing experience**

1. Strong communication skills, especially the ability to listen and follow directions;
2. Professional ethics/confidentiality;
3. Client's Rights;
4. Infection Control/Standard Precautions;
5. Safety;
6. Professional grooming/appearance; and
7. Interviewing skills.

### **Facilitating the Career Shadowing Experience**

1. Students should prioritize their choices for a shadowing experience.
2. Teacher/student matches career choices with available shadowing sites.
3. Students research careers/site prior to shadowing experience.
4. Teacher/student arranges time for shadowing experience.
5. Parent/teacher arranges transportation for shadowing experience.
6. Teacher/student facilitates communication with shadowing sponsors.
7. Students complete all forms required for the shadowing experience.
8. Shadowing mentor facilitates experience and completes student evaluation form.
9. Students write thank-you notes after shadowing experience.
10. Students present oral/written report of shadowing experience.

## **Student Responsibilities**

1. Discuss goals of the career shadowing experience with parent/guardian.
2. Prioritize career experience options.
3. Use protocol procedures for contacting potential career shadowing mentor:
  - a. introduce yourself
  - b. explain purpose for call
  - c. ask for permission to shadow
  - d. gather details such as:
    - mentor's name, business address and phone number
    - date and arrival/departure time of shadowing experience
    - appropriate dress and type of shoes needed
    - lunch arrangements, if appropriate
4. Plan with parent/guardian for transportation.
5. Return signed permission form to teacher.
6. Research information related to the career shadowing experience.
7. Confirm appointment two days prior to the career shadowing experience.
8. Arrive on time. If for any reason you cannot attend your scheduled experience, you must notify your mentor and the school prior to designated date and time.
9. Have mentor complete the Student Evaluation and Attendance Verification Form.
10. Write thank-you note to mentor.

## **Interview Information and Questions**

1. How did you decide to become a \_\_\_\_\_?
2. What education and training is required?
3. How did you get your first job in this career?
4. What do you enjoy most about your career?
5. What do you enjoy least about your career?
6. What specific skills are essential for this career?
7. Career specific information:
  - description/responsibility
  - opportunities for advancement
  - salary range for career
  - professional association for the career
  - future employment outlook
8. What is going to happen in this career in the next ten years?
9. How is this career related to new and emerging careers?
10. What technology is being used in this career?
11. What can I do now to begin preparing for this career?

HEALTH SCIENCE TECHNOLOGY EDUCATION  
CAREER SHADOWING CONSENT FORM

Name \_\_\_\_\_ Date \_\_\_\_\_

Career Shadowing site \_\_\_\_\_ Mentor \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Career Shadowing Date \_\_\_\_\_ Duration/Time \_\_\_\_\_

PARENT/GUARDIAN CONSENT

\_\_\_\_\_ has my permission to participate in the Health Science Technology Education career shadowing experience. I understand that it is my responsibility to provide transportation to and from the shadowing experience. I also understand that the student must provide the school with appropriate documentation of the career shadowing experience to be excused from school.

I hereby release any and all liability from \_\_\_\_\_ and  
\_\_\_\_\_ career shadowing site

\_\_\_\_\_ during travel to and from and  
\_\_\_\_\_ school district

participation in the career shadowing experience.

\_\_\_\_\_  
parent/guardian signature

\_\_\_\_\_  
date

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## Career Shadowing Experience - Student Evaluation

Student Name \_\_\_\_\_ Date of Career Shadowing \_\_\_\_\_

Thank you for your valuable assistance and participation with the Career Shadowing Experience for students exploring health careers. Please evaluate the student's performance during the shadowing experience using the following scale:

4 = Outstanding	3 = Above Average	2 = Average	1 = Needs Improvement
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Attendance & Punctuality	4	3	2	1
Willingness to Participate	4	3	2	1
Able to communicate with others	4	3	2	1
Seeks opportunities to learn	4	3	2	1
Positive attitude	4	3	2	1
Follows Directions	4	3	2	1
Respectful of others	4	3	2	1
Demonstrates understanding of safety	4	3	2	1
Demonstrates understanding of Professional ethics/confidentiality	4	3	2	1
Appropriate clothing and grooming	4	3	2	1

Comments:

\_\_\_\_\_  
Mentor signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Career Shadowing agency/site